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1. CORRESPONDENCE ADDRESS

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BOSTON, MA 02111-2804

23M2706324

2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and ZIP Code

CO-INVENTOR'S NAME

Street Address

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 Check if additional changes are on reverse side

A/1000 PAPER FILE ENTERED

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
07,546,032	08/10/90	062	HAYES, G	2-393 06/24/93
First Name Applicant	KRUE	CHRISTOPH D.		

TITLE OF
INVENTION DEVICE AND METHOD FOR INSPECTION OF BAGGAGE AND OTHER OBJECTS

	ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
	364-409.000	029		UTILITY	NO	\$11.00	09/24/93

3. Further correspondence to be mailed to the following:

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 Fish & Richardson

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120 WP 09/07/93 07566083

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5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE:

Vivid Technologies, Inc.

(2) ADDRESS: (City & State or Country)

Waltham, Massachusetts

(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION

Massachusetts

A. This application is NOT assigned. Assignment previously submitted to the Patent and Trademark Office. Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

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 Issue Fee Advanced Order - # of Copies 106b. The following fees should be charged to: (Minimum of 10)
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The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Signature of party in interest of record)

John Wallin

(Date)

AUG 11 1993

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